



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: SUPER DRUG MART 4 7323 MARBACH RD SUITE 105 SAN ANTONIO TX 78227	MFDR Tracking #: M4-07-3468-01
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #: MITSUI SUMITOMO INSURANCE USA Box #: 19	Date of Injury:
	Employer Name:
	Insurance Carrier #:

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Requestor's Rationale for Increased Reimbursement: "This claim was originally submitted on 10-20-06 by Fax. It was denied because it was not submitted on a HCFA 1500 form. It was then resubmitted 3 more times on a HCFA form. The third denial was due to the filing timelimit. This claim was timely file and there should be no reason for a denial because it is a Resubmission." [sic]

Principal Documentation:

1. DWC 60 Package
2. Medical Bill(s)
3. EOB(s)
4. Total Amount Sought - \$63.00

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Respondent's Position Summary: "The information included in Provider's request for medical dispute resolution shows that Provider has not complied with rules pertaining to medical bills. None of Provider's HCFA's are clearly marked with the notation that it is a request for reconsideration. Provider is required to submit documentation with its request for medical dispute resolution evidence of all medical bills as originally submitted to carrier for reconsideration in accordance with rule 133.304. See 28 TAC § 133.307(m)(3) and (6)." "Carrier challenges whether the charges are consistent with applicable fee guidelines. Carrier asserts that it has paid according to applicable fee guidelines. All reductions of the disputed charges were appropriately made."

Principal Documentation:

1. DWC 60 Package

PART IV: SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Calculations	Amount in Dispute	Amount Due
8/14/2006	37104527430	Not Applicable	\$63.00	\$0.00
			Total Due:	\$0.00

PART V: FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Tex. Lab. Code Ann. §413.031 of the Texas Workers' Compensation Act, and pursuant to all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. This request for medical fee dispute resolution was received by the Division on January 29, 2007.
2. Division rule at 28 TAC §133.10, titled Required Billing Forms/Formats, effective May 2, 2006, 31 TexReg 3544; amended to be effective December 24, 2006, 31 TexReg 10098; amended to be effective May 1, 2008, sets out the required billing forms and formats for healthcare providers submitting workers' compensation claims.
3. Texas Labor Code §408.027, titled *PAYMENT OF HEALTH CARE PROVIDER*, effective September 1, 2005, sets out deadline for timely submitting the medical bills to the insurance carrier.
4. Division rule at 28 TAC §133.250, titled *Reconsideration for Payment of Medical Bills*, effective May 2, 2006, sets out procedure for requesting reconsideration of medical bills.
5. Division rule at 28 TAC §133.20, titled *Medical Bill Submission by Health Care Provider*, effective May 2, 2006, sets out the procedure for healthcare providers to submit medical bills.
6. Division rule at 28 TAC §133.307, effective December 31, 2006, 31 TexReg 10314, applicable to disputes filed on or after January 15, 2007, sets out the procedure for medical fee dispute resolution.
7. The services in dispute were reduced/denied by the respondent with the following reason codes:

Letter dated 10/27/2006

- Attached bill has invalid codes. Submit valid HCPCS code.
- Submit on CMS 1500 form.

Letter dated 11/14/2006

- Attached bill has invalid codes.

Explanation of benefits dated 12/13/2006

- 29, R25-Time limit for filing claim/bill has expired. Procedure billing restricted/see state regulations TX providers must bill within 95 days of date of service.

Issues

1. Did the requestor bill correctly in accordance with Division rules at 28 TAC §133.10 and §133.20?
2. Did the requestor submit documentation to support the disputed bills were submitted timely in accordance with Texas Labor Code, Section §408.027(a) and Division rule at 28 TAC §133.20?
3. Did the requestor seek reconsideration of medical bill per Division rule at 28 TAC §133.250?
4. Was the request for medical dispute resolution filed in accordance with Division rule at 28 TAC §133.250 and §133.307?

Findings

1. Division rule at 28 TAC §133.10(b) requires "Pharmacists and pharmacy processing agents shall submit bills using the Division form DWC-66." The Division finds that the requestor is a pharmacy and originally billed the respondent on a DWC-66 form in accordance with Division rule at 28 TAC §133.10(b).

Division rule at 28 TAC §133.20(c) requires "A health care provider shall include correct billing codes from the applicable Division fee guidelines in effect on the date(s) of service when submitting medical bills." The Division finds that the requestor wrote a description of the durable medical equipment (DME) on the bill instead of using a valid HCPCS code per Division rule at 28 TAC §133.20(c).

Division rule at 28 TAC §133.20(g) states "Health care providers may correct and resubmit as a new bill an incomplete bill that has been returned by the insurance carrier." The Division finds that the requestor originally billed for the disputed service on a DWC-66 form without a HCPCS code. The respondent returned this bill on 10/27/2006 stating "Attached bill has invalid codes. Submit valid HCPCS code" and "Submit on CMS 1500 form." The requestor then submitted the claim on a CMS-1500 and listed HCPCS code L1810. Per Division rule at 28 TAC §133.20(g), this is considered a new bill because it was billed on a different billing form and listed a HCPCS code not originally

submitted. The respondent again returned the bill on 11/14/2006 stating "Attached bill has invalid codes."

The Division finds that the requestor again billed the respondent on a CMS-1500 and used HCPCS code L2039. Per Division rule at 28 TAC §133.20(g), this is considered a new bill because it listed a different HCPCS code. This bill was denied on 12/13/2006 based upon the claim was past the 95 day deadline.

2. Texas Labor Code §408.027(a) states "A health care provider shall submit a claim for payment to the insurance carrier not later than the 95th day after the date on which the health care services are provided to the injured employee. Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment."

Division rule at 28 TAC §133.20(b) states "A health care provider shall not submit a medical bill later than the 95th day after the date the service are provided."

The Division finds that the requestor supported that the original bill, the subsequent bill for HCPCS code L1810, and the third bill for HCPCS code L2039 were submitted to the respondent within the 95 day timeframe established at Texas Labor Code §408.027(a) and Division rule at 28 TAC §133.20(b). Therefore, the respondent's denial based upon "29" is not supported.

3. Division rule at 28 TAC §133.250(a) states "If the health care provider is dissatisfied with the insurance carrier's final action on a medical bill, the health care provider may request that the insurance carrier reconsider its action."

Division rule at 28 TAC §133.250(d)(1) states "The request for reconsideration shall: (1) reference the original bill and include the same billing codes, date(s) of service, and dollar amounts as the original bill."

The Division finds that because the requestor changed the codes on each bill they were considered a new bill. The requestor's documentation does not support that any of the bills listing the same HCPCS code were submitted for reconsideration per Division rule at 28 TAC §133.250.

4. Division rule at 28 TAC §133.250(h) states "If the health care provider is dissatisfied with the insurance carrier's final action on a medical bill after reconsideration, the health care provider may request medical dispute resolution..."

Division rule at 28 TAC §133.307(e)(3)(C) states "Dismissal. The Division may dismiss a request for medical fee dispute resolution if: (C) the Division determines that the medical bills in the dispute have not been submitted to the carrier for reconsideration."

The Division finds that the requestor has not supported that the disputed bill was submitted for reconsideration; therefore, this dispute was submitted prematurely to the Division in accordance with Division rule at 28 TAC §133.250(h) and §133.307(e)(3)(C).

Conclusion

The Division would like to emphasize that individual medical fee dispute outcomes rely upon the evidence presented by the requestor and respondent during dispute resolution, and the thorough review and consideration of that evidence. After thorough review and consideration of all the evidence presented by the parties to this dispute, it is determined that the submitted documentation does not support that the dispute was filed in the manner prescribed under Division rule at 28 Texas Administrative Code §133.307(e)(3)(C). For the reasons stated above, the division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

PART VI: ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031 and §413.019 (if applicable), the Division has determined that the requestor is entitled to \$0.00 reimbursement for the services involved in this dispute.

Authorized Signature

Medical Fee Dispute Resolution Officer

July 9, 2010

Date

PART VII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Tex. Admin. Code §148.3(c).

Under Texas Labor Code § 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code §413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.